

# Independent Self-Directed Language Course (ML111)

Student Application Form

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_

Faculty Recommender: \_\_\_\_\_

**Attach recommendation to this form**

Language Courses taken at Colby:

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I have fulfilled the college language requirement completion date: \_\_\_\_\_

Q: What language do you want to study? Are you prepared to work 4-5 hours each week in addition to 2 hours of classtime?

Q: Why do you want to study this language?

Q: What makes you a good candidate for independent study?

I have read and understand the course description on the web:  
<http://www.colby.edu/lrc/LCTL/index.php>

\_\_\_\_\_  
Applicant Signature

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**This form must be submitted by the end of the all-college course selection period for a course the following semester.**